AF/1754

						F	orm: PTO	/SB/17 (N	lodifjed)
<u> </u>	. l'o H = 1	Attorney	Docket No.	9113-19-CI5					
REPLY/AMENDMENTE , FEE TRANSMITTAL				Application	09/110,694			26	
				Filing Dat	te	7/7/1998 # n/0			
				First Nam	ned Inventor	Mills		1.2510	
				Group Ar	t Unit	1754 /7	7		
AMOUNT ENCLOSED \$460			- WEST	Examine	Kalafut				
FEE CALCULATION (fees effective 10/01/97)									
CLAIMS AS	3	Claims Remaining Highe		t Number Number Extra		Rate		Salculations	
TOTAL CLAIMS		325	730		0	(3) X	\$9.00 =	0	
INDEPENDENT CL	AIMS	18	18	-	0	X \$	39.00 =	0	
an extension to (\$110); 2 month	cover that is (\$400	set an <u>original</u> due ne date this reply is); 3 months (\$950)	filed for	which the r	equisite fee is	enclosed (1 n	nonth	920	
Multiple Dependent Claims Fee Total of above Calculations =									
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)									
						TOTAL FEES	DUE =	\$460	
(1) If entry (1) is less tha (2) If entry (2) is less tha (4) If entry (4) is less tha (5) If entry (5) is less tha	n 20, change n entry (5), en	entry (2) to "20". htry (6) is "0".							
	- <u> </u>		METH	OD OF P	AYMENT	R	ECF	\ <u>/</u> Fi	
[X] Check-enclosed-as-payment. JAN 1 o							AE)	
[X] Check-enclosed-as-payment. [] Charge "TOTAL FEES DUE" to the Deposit Account No., below. AUTHORIZATION TC 1700									
	<u>.</u>		AU	THORIZA	ATION	<u></u>	C 17	'00	<u> </u>
any over	payment	d "AMOUNT ENC t or charge any ad plication to:	LOSED" ditional fe	is not corre ees under 3	ect, the Commis 7 CFR 1.16 or	ssioner is her 1.17 necessa	eby autho ary to maii	rized to ontain pen	credit dency
Deposit Account No.: 50-0687									
OrderNo.: (Client/Matter) 62-226									
SUBMITTED B	Y: Man	elli Denison & Se	lter, PLL	С					
Typed Name	Typed Name Jeffrey S. Melcher					Reg. No.	35,950		

Date

January 16, 2002

01/17/2002 CCHAU1 00000046 1/3110/94

Signature

01 FC:217

460.00 OP